

AMENDMENT TRANSMITTAL LETTER		Docket No. 4436-0134PUS1			
Application No. 10/591,900-Conf. #7996	Filing Date September 7, 2006	Examiner H. D. Le	Art Unit 2614		
Applicant(s): Jes OLSEN et al.					
EQUIPMENT FOR FITTING A HEARING AID TO THE SPECIFIC NEEDS OF A HEARING INVENTION: IMPAIRED INDIVIDUAL AND SOFTWARE FOR USE IN A FITTING EQUIPMENT FOR FITTING A HEARING AID					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
11	- 20 =	0	x 52.00	0.00	
Independent Claims	3	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Dated: <u>June 22, 2009</u>					
D. Richard Anderson Attorney Reg. No.: 40,439					
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